



## APPLICATION / REGISTRATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

AGE GROUP (Check one):

☐ 14 yrs. and under

☐ 15-21 yrs.

☐ 22-30 yrs.

☐ 31-50 yrs.

☐ over 50

- I am registered with a state or private vocational rehabilitation agency for the blind. ☐ YES ☐ NO

If YES, please give organization: \_\_\_\_\_

- I am enrolled in a public school special education program for the blind or state residential school for the blind. ☐ YES ☐ NO

If YES, please give organization: \_\_\_\_\_

- I am registered with the Arizona Braille & Talking Book Library or a regional library of the National Library Service for the Blind & Physically Handicapped, Library of Congress. ☐ YES ☐ NO

If YES, please give organization: \_\_\_\_\_

If you answered no to all of the above questions, you must include with this application, a letter from one of the following certifying that you are blind.

- a. Your doctor
- b. Social Security Award letter
- c. President of a local chapter or state affiliate of the National Federation of the Blind

Please send me information on Jobline®.

☐ YES    ☐ NO

I certify that I am blind or visually impaired or unable to read a printed newspaper.

Signature \_\_\_\_\_

MAIL THIS APPLICATION TO:

AZ Newslite for the Blind  
Braille & Talking Book Library  
1030 N. 32<sup>nd</sup> Street  
Phoenix, AZ 85008  
(602) 255-5578 or (800) 255-5578

Newslite® telephone numbers:

Phoenix:    (602) 253-2191  
Tucson:    (520) 624-3720  
Prescott:    (520) 717-0726

AZ NEWSLINE® FOR THE BLIND is a cooperative effort of The Arizona State Library, Archives & Public Records, The Arizona Department of Economic Security, Rehabilitation Services, and Phoenix Public Library. Arizona is part of the National Newslite® Network.

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OFFICE USE ONLY:

ID # \_\_\_\_\_ SEC # \_\_\_\_\_ Date Numbers Given \_\_\_\_\_